

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/936806

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		1		1		
5		3				
6		1		1		
7		1		1		
8		1		1		
9		1		1		
10		1		1		
11		1		1		
12		1		1		
13		1		1		
14	1		1			
15		1		1		
16		1		1		
17		1		1		
18		1		1		
19		1		1		
20		6				
21		1		1		
22		1		1		
23		1		1		
24		1		1		
25	1					
26		1		1		
27		1		1		
28		1		1		
29		1		1		
30	1					
31		1		1		
32		1		1		
33		1		1		
34		1		1		
35		1		1		
36	1					
37		1		1		
38		1		1		
39		1		1		
40		1		1		
41	1					
42	1					
43		1		1		
44		1		1		
45		1		1		
46	1					
47		1		1		
48		1		1		
49	1					
50		1		1		
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↑		↑		↑
TOTAL CLAIMS						

	★		★		★	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1		1		
52	1					
53	1					
54		1		1		
55	1					
56		1		1		
57		1		1		
58		1		1		
59		1		1		
60		1		1		
61		1		1		
62		1		1		
63		1		1		
64	1					
65	1					
66		1		1		
67	1					
68		1		1		
69		1		1		
70	1					
71		1		1		
72		1		1		
73	1					
74		1		1		
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96						
97						
98						
99						
100						
TOTAL IND.		↓	2	↓		↓
TOTAL DEP.		↑	15	↑		↑
TOTAL CLAIMS			20			

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMEENDMENTS